

House Study Bill 637 - Introduced

HOUSE FILE _____

BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON MILLER)

A BILL FOR

1 An Act relating to the redesign of mental health and
2 disabilities services administered by regions comprised of
3 counties.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.180, subsection 3, Code 2014, is
2 amended to read as follows:

3 3. The program shall provide stipends to support
4 psychiatrist positions with an emphasis on securing and
5 retaining medical directors at community mental health centers,
6 ~~providers of mental health services to county residents~~
7 ~~pursuant to a waiver approved under section 225C.7, subsection~~
8 ~~3,~~ and hospital psychiatric units that are located in mental
9 health professional shortage areas.

10 Sec. 2. Section 222.2, subsection 3, Code 2014, is amended
11 by striking the subsection.

12 Sec. 3. Section 222.2, Code 2014, is amended by adding the
13 following new subsections:

14 NEW SUBSECTION. 5A. "*Mental health and disability services*
15 *region*" means a mental health and disability services region
16 formed in accordance with section 331.389.

17 NEW SUBSECTION. 5B. "*Regional administrator*" means the
18 regional administrator of a mental health and disabilities
19 services region, as defined in section 331.388.

20 Sec. 4. Section 222.6, Code 2014, is amended to read as
21 follows:

22 **222.6 State districts.**

23 The administrator shall divide the state into two districts
24 in such manner that one of the resource centers shall be
25 located within each of the districts. Such districts may
26 from time to time be changed. After such districts have been
27 established, the administrator shall notify all boards of
28 supervisors, regional administrators of the mental health and
29 disability services regions, county auditors, and clerks of
30 the district courts of the action. Thereafter, unless the
31 administrator otherwise orders, all admissions or commitments
32 of persons with an intellectual disability from a district
33 shall be to the resource center located within such district.

34 Sec. 5. Section 222.12, subsection 2, Code 2014, is amended
35 to read as follows:

1 2. Notice of the death of the patient, and the cause
2 of death, shall be sent to the ~~county board of supervisors~~
3 regional administrator of the mental health and disability
4 services region of the patient's county of residence and to
5 the judge of the court that had jurisdiction over a committed
6 patient. The fact of death with the time, place, and alleged
7 cause shall be entered upon the docket of the court.

8 Sec. 6. Section 222.13, Code 2014, is amended to read as
9 follows:

10 **222.13 Voluntary admissions.**

11 1. If an adult person is believed to be a person with
12 an intellectual disability, the adult person or the adult
13 person's guardian may submit a request in writing through the
14 ~~central point of coordination process for the county board of~~
15 ~~supervisors of~~ regional administrator of the mental health and
16 disability services region for the adult person's county of
17 residence to apply to the superintendent of any state resource
18 center for the voluntary admission of the adult person either
19 as an inpatient or an outpatient of the resource center. The
20 ~~board of supervisors~~ regional administrator shall, on forms
21 prescribed by the department's administrator, apply to the
22 superintendent of the resource center in the district for
23 the admission of the adult person to the resource center.
24 An application for admission to a special unit of any adult
25 person believed to be in need of any of the services provided
26 by the special unit under section 222.88 may be made in the
27 same manner, upon request of the adult person or the adult
28 person's guardian. The superintendent shall accept the
29 application if a preadmission diagnostic evaluation, ~~performed~~
30 authorized through the ~~central point of coordination process~~
31 regional administrator, confirms or establishes the need for
32 admission, except that an application shall not be accepted if
33 the institution does not have adequate facilities available or
34 if the acceptance will result in an overcrowded condition.

35 2. If the resource center ~~has no~~ does not have an

1 appropriate program for the treatment of an adult or minor
2 person with an intellectual disability applying under this
3 section or section 222.13A, the ~~board of supervisors~~ regional
4 administrator shall arrange for the placement of the person in
5 any public or private facility within or without the state,
6 approved by the director ~~of the department~~ of human services,
7 which offers appropriate services for the person, as determined
8 ~~through the central point of coordination process~~ by the
9 regional administrator.

10 3. Upon applying for admission of an adult or minor person
11 to a resource center, or a special unit, or upon arranging for
12 the placement of the person in a public or private facility,
13 the ~~board of supervisors~~ regional administrator shall make a
14 full investigation into the financial circumstances of that
15 person and those liable for that person's support under section
16 222.78 to determine whether or not any of them are able to
17 pay the expenses arising out of the admission of the person
18 to a resource center, special treatment unit, or public or
19 private facility. If the ~~board~~ regional administrator finds
20 that the person or those legally responsible for the person
21 are presently unable to pay the expenses, the ~~board~~ regional
22 administrator shall ~~direct that~~ authorize the expenses to be
23 paid by the county region. The ~~board~~ regional administrator
24 may review its finding at any subsequent time while the person
25 remains at the resource center, or is otherwise receiving care
26 or treatment for which this chapter obligates the ~~county region~~
27 to pay. If the ~~board~~ regional administrator finds upon review
28 that the person or those legally responsible for the person
29 are presently able to pay the expenses, the finding shall
30 apply only to the charges incurred during the period beginning
31 on the date of the review and continuing thereafter, unless
32 and until the ~~board~~ regional administrator again changes its
33 finding. If the ~~board~~ regional administrator finds that the
34 person or those legally responsible for the person are able
35 to pay the expenses, the ~~board~~ regional administrator shall

1 direct that the charges be so paid to the extent required by
2 section 222.78, and the county auditor of the person's county
3 of residence shall be responsible for the collection of the
4 charges.

5 Sec. 7. Section 222.13A, Code 2014, is amended to read as
6 follows:

7 **222.13A Voluntary admissions — minors.**

8 1. If a minor is believed to be a person with an
9 intellectual disability, the minor's parent, guardian,
10 or custodian may request the ~~county board of supervisors~~
11 regional administrator for the minor's county of residence
12 to apply for admission of the minor as a voluntary patient
13 in a state resource center. If the resource center does
14 not have appropriate services for the minor's treatment, the
15 ~~board of supervisors~~ regional administrator may arrange for
16 the admission of the minor in a public or private facility
17 within or without the state, approved by the director of human
18 services, which offers appropriate services for the minor's
19 treatment.

20 2. Upon receipt of an application for voluntary admission
21 of a minor, the ~~board of supervisors~~ regional administrator
22 shall provide for a preadmission diagnostic evaluation of the
23 minor to confirm or establish the need for the admission. The
24 preadmission diagnostic evaluation shall be performed by a
25 person who meets the qualifications of a qualified intellectual
26 disability professional who is designated ~~through the central~~
27 point of coordination process by the regional administrator.

28 3. During the preadmission diagnostic evaluation, the
29 minor shall be informed both orally and in writing that the
30 minor has the right to object to the voluntary admission. If
31 the preadmission diagnostic evaluation determines that the
32 voluntary admission is appropriate but the minor objects to
33 the admission, the minor shall not be admitted to the state
34 resource center unless the court approves of the admission. A
35 petition for approval of the minor's admission may be submitted

1 to the juvenile court by the minor's parent, guardian, or
2 custodian.

3 4. As soon as practicable after the filing of a petition for
4 approval of the voluntary admission, the court shall determine
5 whether the minor has an attorney to represent the minor in the
6 proceeding. If the minor does not have an attorney, the court
7 shall assign to the minor an attorney. If the minor is unable
8 to pay for an attorney, the attorney shall be compensated by
9 the county at an hourly rate to be established by the ~~county~~
10 ~~board of supervisors~~ regional administrator in substantially
11 the same manner as provided in section 815.7.

12 5. The court shall order the admission of a minor who
13 objects to the admission, only after a hearing in which it
14 is shown by clear and convincing evidence that both of the
15 following circumstances exist:

16 a. The minor needs and will substantially benefit from
17 treatment or habilitation.

18 b. A placement which involves less restriction of the
19 minor's liberties for the purposes of treatment or habilitation
20 is not feasible.

21 Sec. 8. Section 222.14, Code 2014, is amended to read as
22 follows:

23 **222.14 Care by ~~county~~ region pending admission.**

24 If the institution is unable to receive a patient, the
25 superintendent shall notify the ~~county board of supervisors~~
26 ~~of~~ regional administrator for the county from which the
27 application in behalf of the prospective patient was made of
28 the time when such person may be received. Until such time as
29 the patient is able to be received by the institution, or when
30 application has been made for admission to a public or private
31 facility as provided in section 222.13 and the application is
32 pending, the care of ~~said person~~ the patient shall be provided
33 as arranged by the ~~county board of supervisors~~ regional
34 administrator.

35 Sec. 9. Section 222.22, Code 2014, is amended to read as

1 follows:

2 **222.22 Time of appearance.**

3 The time of appearance shall not be less than five days
4 after completed service unless the court orders otherwise.
5 Appearance on behalf of the person who is alleged to have
6 an intellectual disability may be made by any citizen of the
7 county or by any relative. The district court shall assign
8 counsel for the person who is alleged to have an intellectual
9 disability. Counsel shall prior to proceedings personally
10 consult with the person who is alleged to have an intellectual
11 disability unless the judge appointing counsel certifies that
12 in the judge's opinion, consultation shall serve no useful
13 purpose. The certification shall be made a part of the record.
14 An attorney assigned by the court shall be compensated by the
15 county at an hourly rate to be established by the ~~county board~~
16 ~~of supervisors~~ regional administrator for the person's county
17 of residence in substantially the same manner as provided in
18 section 815.7.

19 Sec. 10. Section 222.28, Code 2014, is amended to read as
20 follows:

21 **222.28 Commission to examine.**

22 The court may, at or prior to the final hearing, appoint
23 a commission of one qualified physician and one qualified
24 psychologist, designated ~~through the central point of~~
25 ~~coordination process~~ by the regional administrator for the
26 person's county of residence, who shall make a personal
27 examination of the person alleged to have an intellectual
28 disability for the purpose of determining the mental condition
29 of the person.

30 Sec. 11. Section 222.31, subsection 1, paragraph b, Code
31 2014, is amended to read as follows:

32 b. (1) Commit the person to the state resource center
33 designated by the administrator to serve the ~~county mental~~
34 health and disability services region in which the hearing
35 is being held, or to a special unit. The court shall, prior

1 to issuing an order of commitment, request that a diagnostic
2 evaluation of the person be made by a person qualified to
3 perform the diagnostic evaluation. The cost of the evaluation
4 shall be defrayed by the committed person's county of
5 residence unless otherwise ordered by the court. The cost
6 of the evaluation to be charged may be equal to but shall
7 not exceed the actual cost of the evaluation. An order of
8 commitment shall not be issued unless the superintendent of the
9 institution recommends that the order be issued and advises the
10 court that adequate facilities for the care of the person are
11 available.

12 (2) The court shall examine the report of the county
13 attorney filed pursuant to section 222.13, and if the report
14 shows that neither the person nor those liable for the person's
15 support under section 222.78 are presently able to pay the
16 charges rising out of the person's care in a resource center,
17 or special treatment unit, shall enter an order stating that
18 finding and directing that the charges be paid by the regional
19 administrator for the person's county of residence. The
20 court may, upon request of the ~~board of supervisors~~ regional
21 administrator, review its finding at any subsequent time while
22 the person remains at the resource center, or is otherwise
23 receiving care or treatment for which this chapter obligates
24 the county to pay. If the court finds upon review that
25 the person or those legally responsible for the person are
26 presently able to pay the expenses, that finding shall apply
27 only to the charges incurred during the period beginning on the
28 date of the ~~board's~~ regional administrator's request for the
29 review and continuing thereafter, unless and until the court
30 again changes its finding. If the court finds that the person,
31 or those liable for the person's support, are able to pay the
32 charges, the court shall enter an order directing that the
33 charges be so paid to the extent required by section 222.78.

34 Sec. 12. Section 222.59, subsection 1, unnumbered paragraph
35 1, Code 2014, is amended to read as follows:

1 Upon receiving a request from an authorized requester, the
2 superintendent of a state resource center shall coordinate
3 with the ~~central point of coordination process~~ regional
4 administrator for the person's county of residence in assisting
5 the requester in identifying available community-based services
6 as an alternative to continued placement of a patient in the
7 state resource center. For the purposes of this section,
8 "*authorized requester*" means the parent, guardian, or custodian
9 of a minor patient, the guardian of an adult patient, or an
10 adult patient who does not have a guardian. The assistance
11 shall identify alternatives to continued placement which are
12 appropriate to the patient's needs and shall include but are
13 not limited to any of the following:

14 Sec. 13. Section 222.60, subsection 1, unnumbered paragraph
15 1, Code 2014, is amended to read as follows:

16 All necessary and legal expenses for the cost of admission
17 or commitment or for the treatment, training, instruction,
18 care, habilitation, support and transportation of persons with
19 an intellectual disability, as provided for in the ~~county~~
20 applicable regional service system management plan ~~provisions~~
21 ~~implemented pursuant to section 331.439, subsection 1~~ 331.393,
22 in a state resource center, or in a special unit, or any public
23 or private facility within or without the state, approved by
24 the director of human services, shall be paid by either:

25 Sec. 14. Section 222.60, subsection 2, Code 2014, is amended
26 to read as follows:

27 2. *a.* Prior to a county of residence approving the payment
28 of expenses for a person under this section, the county may
29 require that the person be diagnosed to determine if the person
30 has an intellectual disability or that the person be evaluated
31 to determine the appropriate level of services required to meet
32 the person's needs relating to an intellectual disability. The
33 diagnosis and the evaluation may be performed concurrently and
34 shall be performed by an individual or individuals approved
35 by the regional administrator for the person's county who

1 are qualified to perform the diagnosis or the evaluation.
2 Following the initial approval for payment of expenses,
3 the county may require that an evaluation be performed at
4 reasonable time periods.

5 **b.** The cost of a county-required diagnosis and an evaluation
6 is at the county's expense. For a state case, the state
7 may apply the diagnosis and evaluation provisions of this
8 subsection at the state's expense.

9 **c.** A diagnosis or an evaluation under this section may be
10 part of a ~~county's central point of coordination process under~~
11 ~~section 331.440~~ diagnosis and assessment process implemented
12 by the applicable regional administrator, provided that a
13 diagnosis is performed only by an individual qualified as
14 provided in this section.

15 Sec. 15. Section 222.61, Code 2014, is amended to read as
16 follows:

17 **222.61 Residency determined.**

18 When a county receives an application on behalf of any
19 person for admission to a resource center or a special unit
20 or when a court issues an order committing any person to a
21 resource center or a special unit, the board of supervisors
22 shall refer the determination of residency to the ~~central point~~
23 ~~of coordination process~~ regional administrator for the county
24 to determine and certify that the residence of the person is
25 in one of the following:

- 26 1. In the county in which the application is received or in
27 which the court is located.
28 2. In some other county of the state.
29 3. In another state or in a foreign country.
30 4. Unknown.

31 Sec. 16. Section 222.62, Code 2014, is amended to read as
32 follows:

33 **222.62 Residency in another county.**

34 When the board of supervisors determines through the ~~central~~
35 ~~point of coordination process~~ regional administrator for the

1 county that the residency of the person is other than in the
2 county in which the application is received, the determination
3 shall be certified to the superintendent of the resource
4 center or the special unit where the person is a patient. The
5 certification shall be accompanied by a copy of the evidence
6 supporting the determination. The superintendent shall charge
7 the expenses already incurred and unadjusted, and all future
8 expenses of the patient, to the county certified to be the
9 county of residency.

10 Sec. 17. Section 222.63, Code 2014, is amended to read as
11 follows:

12 **222.63 Finding of residency — objection.**

13 A board of supervisors' certification ~~utilizing the~~
14 ~~central point of coordination process~~ through the regional
15 administrator for a county that a person's residency is in
16 another county shall be sent to the auditor of the county of
17 residence. The certification shall be accompanied by a copy
18 of the evidence supporting the determination. The auditor
19 of the county of residence shall submit the certification to
20 the board of supervisors of the auditor's county and it shall
21 be conclusively presumed that the patient has residency in
22 that county unless that county disputes the determination of
23 residency as provided in section 331.394.

24 Sec. 18. Section 222.64, Code 2014, is amended to read as
25 follows:

26 **222.64 Foreign state or country or unknown residency.**

27 If the residency of the person is determined by a regional
28 administrator on behalf of a county or by the state to be in
29 a foreign state or country or is determined to be unknown,
30 the ~~county~~ regional administrator or the state shall certify
31 the determination ~~to the administrator~~. The certification
32 shall be accompanied by a copy of the evidence supporting the
33 determination. The care of the person shall be as arranged
34 by the ~~county~~ regional administrator or the state or by an
35 order as the court may enter. Application for admission or

1 order of commitment may be made pending investigation by the
2 administrator.

3 Sec. 19. Section 222.73, subsection 2, paragraph a,
4 subparagraph (6), Code 2014, is amended to read as follows:

5 (6) A county shall not be billed for the cost of a patient
6 unless the patient's admission is authorized through the
7 ~~applicable central point of coordination process~~ regional
8 administrator. The state resource center and the ~~county~~
9 regional administrator shall work together to locate
10 appropriate alternative placements and services, and to educate
11 patients and the family members of patients regarding such
12 alternatives.

13 Sec. 20. Section 222.73, subsection 2, paragraph b, Code
14 2014, is amended to read as follows:

15 b. The per diem costs billed to each county shall not exceed
16 the per diem costs billed to the county in the fiscal year
17 beginning July 1, 1996. However, the per diem costs billed
18 to a county may be adjusted ~~in~~ for a fiscal year to reflect
19 increased costs to the extent of the percentage increase in the
20 ~~total of county fixed budgets pursuant to the allowed growth~~
21 ~~factor adjustment authorized~~ statewide per capita expenditure
22 target amount, if any per capita growth amount is authorized by
23 the general assembly for that fiscal year in accordance with
24 section ~~331.439~~ 331.424A.

25 Sec. 21. Section 222.74, Code 2014, is amended to read as
26 follows:

27 **222.74 Duplicate to county.**

28 When certifying to the department amounts to be charged
29 against each county as provided in section 222.73, the
30 superintendent shall send to the county auditor of and the
31 regional administrator for each county against which the
32 superintendent has so certified any amount, a duplicate of
33 the certification statement. The county auditor upon receipt
34 of the duplicate certification statement and approval by the
35 regional administrator for payment of the certified amount

1 shall enter it to the credit of the state in the ledger of
2 state accounts, and shall immediately issue a notice to the
3 county treasurer authorizing the treasurer to transfer the
4 amount from the county fund to the general state revenue. The
5 county treasurer shall file the notice as authority for making
6 the transfer and shall include the amount transferred in the
7 next remittance of state taxes to the treasurer of state,
8 designating the fund to which the amount belongs.

9 Sec. 22. Section 222.92, subsection 3, paragraph a, Code
10 2014, is amended to read as follows:

11 a. Moneys received by the state from billings to counties
12 and regional administrators for the counties.

13 Sec. 23. Section 225.1, Code 2014, is amended to read as
14 follows:

15 **225.1 Establishment — definitions.**

16 1. There shall be established a The state psychiatric
17 hospital, is established. The hospital shall be especially
18 designed, kept, and administered for the care, observation,
19 and treatment of those persons who are afflicted with abnormal
20 mental conditions.

21 2. For the purposes of this chapter, unless the context
22 otherwise requires:

23 a. "Mental health and disability services region" means
24 a mental health and disability services region approved in
25 accordance with section 331.389.

26 b. "Regional administrator" means the administrator of a
27 mental health and disability services region, as defined in
28 section 331.388.

29 Sec. 24. Section 225.10, unnumbered paragraph 1, Code 2014,
30 is amended to read as follows:

31 Persons suffering from mental diseases may be admitted to
32 the state psychiatric hospital as voluntary public patients
33 if a physician authorized to practice medicine or osteopathic
34 medicine in the state of Iowa files information with the ~~board~~
35 ~~of supervisors~~ regional administrator of the person's county

1 of residence ~~or the board's designee~~, stating all of the
2 following:

3 Sec. 25. Section 225.11, Code 2014, is amended to read as
4 follows:

5 **225.11 Initiating commitment procedures.**

6 When a court finds upon completion of a hearing held pursuant
7 to section 229.12 that the contention that a respondent is
8 seriously mentally impaired has been sustained by clear and
9 convincing evidence, and the application filed under section
10 229.6 also contends or the court otherwise concludes that it
11 would be appropriate to refer the respondent to the state
12 psychiatric hospital for a complete psychiatric evaluation and
13 appropriate treatment pursuant to section 229.13, the judge
14 may order that a financial investigation be made in the manner
15 prescribed by section 225.13. If the costs of a respondent's
16 evaluation or treatment are payable in whole or in part by
17 a county, an order under this section shall be for referral
18 of the respondent through the ~~central point of coordination~~
19 ~~process~~ regional administrator for the respondent's county of
20 residence for an evaluation and referral of the respondent
21 to an appropriate placement or service, which may include
22 the state psychiatric hospital for additional evaluation or
23 treatment. ~~For purposes of this chapter, "central point of~~
24 ~~coordination process" means the same as defined in section~~
25 ~~331.440.~~

26 Sec. 26. Section 225.12, Code 2014, is amended to read as
27 follows:

28 **225.12 Voluntary public patient — physician's report.**

29 A physician filing information under section 225.10 shall
30 include a written report to the ~~county board of supervisors~~
31 ~~or the board's designee~~ regional administrator for the
32 county of residence of the person named in the information,
33 giving a history of the case as will be likely to aid in the
34 observation, treatment, and hospital care of the person ~~named~~
35 ~~in the information~~ and describing the history in detail.

1 Sec. 27. Section 225.13, Code 2014, is amended to read as
2 follows:

3 **225.13 Financial condition.**

4 ~~The county board of supervisors or the board's designee~~
5 regional administrator of the county of residence of a person
6 being admitted to the state psychiatric hospital is responsible
7 for investigating the financial condition of ~~a person being~~
8 ~~admitted to the state psychiatric hospital~~ the person and of
9 those legally responsible for the person's support.

10 Sec. 28. Section 225.15, Code 2014, is amended to read as
11 follows:

12 **225.15 Examination and treatment.**

13 1. When a respondent arrives at the state psychiatric
14 hospital, the admitting physician shall examine the respondent
15 and determine whether or not, in the physician's judgment, the
16 respondent is a fit subject for observation, treatment, and
17 hospital care. If, upon examination, the physician decides
18 that the respondent should be admitted to the hospital, the
19 respondent shall be provided a proper bed in the hospital. The
20 physician who has charge of the respondent shall proceed with
21 observation, medical treatment, and hospital care as in the
22 physician's judgment are proper and necessary, in compliance
23 with sections 229.13 to 229.16. After the respondent's
24 admission, the observation, medical treatment, and hospital
25 care of the respondent may be provided by a mental health
26 professional, as defined in section 228.1, who is licensed as a
27 physician, advanced registered nurse practitioner, or physician
28 assistant.

29 2. A proper and competent nurse shall also be assigned to
30 look after and care for the respondent during observation,
31 treatment, and care. Observation, treatment, and hospital care
32 under this section which are payable in whole or in part by a
33 county shall only be provided as determined through the ~~central~~
34 ~~point of coordination process~~ regional administrator of the
35 respondent's county of residence.

1 Sec. 29. Section 225.16, subsection 1, Code 2014, is amended
2 to read as follows:

3 1. If the ~~county board of supervisors or the board's~~
4 ~~designee~~ regional administrator for a person's county of
5 residence finds from the physician's information which was
6 filed under the provisions of section 225.10 that it would
7 be appropriate for the person to be admitted to the state
8 psychiatric hospital, and the report of the ~~county board of~~
9 ~~supervisors or the board's designee~~ regional administrator made
10 pursuant to section 225.13 shows that the person and those who
11 are legally responsible for the person are not able to pay the
12 expenses incurred at the hospital, or are able to pay only a
13 part of the expenses, the person shall be considered to be a
14 voluntary public patient and the ~~board of supervisors~~ regional
15 administrator shall direct that the person shall be sent to the
16 state psychiatric hospital at the state university of Iowa for
17 observation, treatment, and hospital care.

18 Sec. 30. Section 225.17, subsection 2, Code 2014, is amended
19 to read as follows:

20 2. When the respondent arrives at the hospital, the
21 respondent shall receive the same treatment as is provided for
22 committed public patients in section 225.15, in compliance with
23 sections 229.13 to 229.16. However, observation, treatment,
24 and hospital care under this section of a respondent whose
25 expenses are payable in whole or in part by a county shall
26 only be provided as determined through the ~~central point of~~
27 ~~coordination process~~ regional administrator of the respondent's
28 county of residence.

29 Sec. 31. Section 225.18, Code 2014, is amended to read as
30 follows:

31 **225.18 Attendants.**

32 The ~~county board of supervisors or the board's designee~~
33 regional administrator may appoint ~~a person~~ an attendant to
34 accompany the committed public patient or the voluntary public
35 patient or the committed private patient from the place where

1 the patient may be to the state psychiatric hospital, or to
2 accompany the patient from the hospital to a place as may be
3 designated by the ~~county~~ regional administrator. If a patient
4 is moved pursuant to this section, at least one attendant shall
5 be of the same gender as the patient.

6 Sec. 32. Section 225.19, Code 2014, is amended to read as
7 follows:

8 **225.19 Compensation for attendant.**

9 An individual appointed by the ~~county board of supervisors~~
10 ~~or the board's designee~~ regional administrator in accordance
11 with section 225.18 to accompany a person to or from the
12 hospital or to make an investigation and report on any question
13 involved in the matter shall receive three dollars per day for
14 the time actually spent in making the investigation and actual
15 necessary expenses incurred in making the investigation or
16 trip. This section does not apply to an appointee who receives
17 fixed compensation or a salary.

18 Sec. 33. Section 225.21, Code 2014, is amended to read as
19 follows:

20 **225.21 Compensation claims — filing — approval.**

21 The person making claim to compensation under section 225.19
22 shall file the claim in the office of the county auditor.
23 The claim is subject to review and approval by the ~~board of~~
24 ~~supervisors or the board's designee~~ regional administrator for
25 the county.

26 Sec. 34. Section 225.24, Code 2014, is amended to read as
27 follows:

28 **225.24 Collection of preliminary expense.**

29 Unless a committed private patient or those legally
30 responsible for the patient's support offer to settle the
31 amount of the claims, the county auditor of the person's county
32 of residence shall collect, by action if necessary, the amount
33 of all claims for per diem and expenses that have been approved
34 by the ~~county board of supervisors or the board's designee~~
35 regional administrator for the county and paid by the county

1 as provided under section 225.21. Any amount collected shall
2 be credited to the ~~county treasury~~ county's mental health and
3 disabilities services fund created in accordance with section
4 331.424A.

5 Sec. 35. Section 225.27, Code 2014, is amended to read as
6 follows:

7 **225.27 Discharge — transfer.**

8 The state psychiatric hospital may, at any time, discharge
9 any patient as recovered, as improved, or as not likely to
10 be benefited by further treatment. If the patient being so
11 discharged was involuntarily hospitalized, the hospital shall
12 notify the committing judge or court of the discharge as
13 required by section 229.14 or section 229.16, whichever is
14 applicable, and the applicable regional administrator. Upon
15 receiving the notification, the court shall issue an order
16 confirming the patient's discharge from the hospital or from
17 care and custody, as the case may be, and shall terminate the
18 proceedings pursuant to which the order was issued. The court
19 or judge shall, if necessary, appoint a person to accompany the
20 discharged patient from the state psychiatric hospital to such
21 place as the hospital or the court may designate, or authorize
22 the hospital to appoint such attendant.

23 Sec. 36. Section 225C.2, subsection 2, Code 2014, is amended
24 by striking the subsection.

25 Sec. 37. Section 225C.5, subsection 1, paragraph f, Code
26 2014, is amended to read as follows:

27 *f.* Two members shall be staff members of regional
28 ~~administrators of the central point of coordination process~~
29 ~~established in accordance with section 331.440~~ selected from
30 nominees submitted by the community services affiliate of the
31 Iowa state association of counties.

32 Sec. 38. Section 225C.6, subsection 1, paragraph i,
33 subparagraph (1), Code 2014, is amended to read as follows:

34 (1) The extent to which services to persons with
35 disabilities are actually available to persons in each county

1 and mental health and disability services region in the state
2 and the quality of those services.

3 Sec. 39. Section 225C.6, subsection 1, paragraph m, Code
4 2014, is amended to read as follows:

5 m. Identify disability services outcomes and indicators to
6 support the ability of eligible persons with a disability to
7 live, learn, work, and recreate in communities of the persons'
8 choice. The identification duty includes but is not limited to
9 responsibility for identifying, collecting, and analyzing data
10 as necessary to issue reports on outcomes and indicators at the
11 county, region, and state levels.

12 Sec. 40. Section 225C.12, subsection 2, Code 2014, is
13 amended to read as follows:

14 2. A county may claim reimbursement by filing with the
15 administrator a claim in a form prescribed by the administrator
16 by rule. Claims may be filed on a quarterly basis, and when
17 received shall be verified as soon as reasonably possible by
18 the administrator. The administrator shall certify to the
19 director of the department of administrative services the
20 amount to which each county claiming reimbursement is entitled,
21 and the director of the department of administrative services
22 shall issue warrants to the respective counties drawn upon
23 funds appropriated by the general assembly for the purpose
24 of this section. A county shall ~~place funds~~ credit amounts
25 received under this section in the ~~county mental health,~~
26 ~~intellectual disability, and developmental disabilities~~
27 ~~services fund created under section 331.424A~~ county's mental
28 health and disability services fund. If the appropriation for
29 a fiscal year is insufficient to pay all claims arising under
30 this section, the director of the department of administrative
31 services shall prorate the funds appropriated for that year
32 among the claimant counties so that an equal proportion of each
33 county's claim is paid in each quarter for which proration is
34 necessary.

35 Sec. 41. Section 225C.13, subsection 1, Code 2014, is

1 amended to read as follows:

2 1. The administrator assigned, in accordance with section
3 218.1, to control the state mental health institutes and
4 the state resource centers may enter into agreements under
5 which a facility or portion of a facility administered by the
6 administrator is leased to a department or division of state
7 government, a county or group of counties, a mental health and
8 disability services region, or a private nonprofit corporation
9 organized under chapter 504. A lease executed under this
10 section shall require that the lessee use the leased premises
11 to deliver either disability services or other services
12 normally delivered by the lessee.

13 Sec. 42. Section 225C.14, Code 2014, is amended to read as
14 follows:

15 **225C.14 Preliminary diagnostic evaluation.**

16 1. Except in cases of medical emergency, a person shall be
17 admitted to a state mental health institute as an inpatient
18 only after a preliminary diagnostic evaluation performed
19 through the ~~central point of coordination process~~ regional
20 administrator of the person's county of residence has confirmed
21 that the admission is appropriate to the person's mental health
22 needs, and that no suitable alternative method of providing the
23 needed services in a less restrictive setting or in or nearer
24 to the person's home community is currently available. If
25 provided for through the ~~central point of coordination process~~
26 regional administrator, the evaluation may be performed by a
27 community mental health center or by an alternative diagnostic
28 facility. The policy established by this section shall be
29 implemented in the manner and to the extent prescribed by
30 sections 225C.15, 225C.16 and 225C.17.

31 2. As used in this section and sections 225C.15, 225C.16
32 and 225C.17, the term "*medical emergency*" means a situation
33 in which a prospective patient is received at a state mental
34 health institute in a condition which, in the opinion of the
35 chief medical officer, or that officer's physician designee,

1 requires the immediate admission of the person notwithstanding
2 the policy stated in subsection 1.

3 Sec. 43. Section 225C.15, Code 2014, is amended to read as
4 follows:

5 **225C.15 County implementation of evaluations.**

6 The ~~board of supervisors of~~ regional administrator for a
7 county shall, ~~no later than July 1, 1982,~~ require that the
8 policy stated in section 225C.14 be followed with respect
9 to admission of persons from that county to a state mental
10 health institute. A community mental health center which is
11 supported, directly or in affiliation with other counties, by
12 that county may perform the preliminary diagnostic evaluations
13 for that county, unless the performance of the evaluations
14 is not covered by the agreement entered into by the ~~county~~
15 regional administrator and the center, and the center's
16 director certifies to the ~~board of supervisors~~ regional
17 administrator that the center does not have the capacity to
18 perform the evaluations, in which case the ~~board of supervisors~~
19 regional administrator shall proceed under section 225C.17.

20 Sec. 44. Section 225C.16, Code 2014, is amended to read as
21 follows:

22 **225C.16 Referrals for evaluation.**

23 1. The chief medical officer of a state mental health
24 institute, or that officer's physician designee, shall advise
25 a person residing in that county who applies for voluntary
26 admission, or a person applying for the voluntary admission
27 of another person who resides in that county, in accordance
28 with section 229.41, that the ~~board of supervisors~~ regional
29 administrator for the county has implemented the policy
30 stated in section 225C.14, and shall advise that a preliminary
31 diagnostic evaluation of the prospective patient be sought,
32 if that has not already been done. This subsection does not
33 apply when voluntary admission is sought in accordance with
34 section 229.41 under circumstances which, in the opinion of the
35 chief medical officer or that officer's physician designee,

1 constitute a medical emergency.

2 2. The clerk of the district court in that county shall
3 refer a person applying for authorization for voluntary
4 admission, or for authorization for voluntary admission of
5 another person, in accordance with section 229.42, to the
6 ~~appropriate entity designated through the central point of~~
7 ~~coordination process~~ regional administrator of the person's
8 county of residence under section 225C.14 for the preliminary
9 diagnostic evaluation unless the applicant furnishes a written
10 statement from the appropriate entity which indicates that the
11 evaluation has been performed and that the person's admission
12 to a state mental health institute is appropriate. This
13 subsection does not apply when authorization for voluntary
14 admission is sought under circumstances which, in the opinion
15 of the chief medical officer or that officer's physician
16 designee, constitute a medical emergency.

17 3. Judges of the district court in that county or the
18 judicial hospitalization referee appointed for that county
19 shall so far as possible arrange for the entity designated
20 through the ~~central point of coordination process~~ regional
21 administrator under section 225C.14 to perform a prehearing
22 examination of a respondent required under section 229.8,
23 subsection 3, paragraph "b".

24 4. The chief medical officer of a state mental health
25 institute shall promptly submit to the appropriate entity
26 designated through the ~~central point of coordination process~~
27 regional administrator under section 225C.14 a report of the
28 voluntary admission of a patient under the medical emergency
29 ~~elauses~~ provisions of subsections 1 and 2. The report shall
30 explain the nature of the emergency which necessitated the
31 admission of the patient without a preliminary diagnostic
32 evaluation by the designated entity.

33 Sec. 45. Section 225C.17, Code 2014, is amended to read as
34 follows:

35 **225C.17 Alternative diagnostic facility.**

1 If a county is not served by a community mental health
2 center having the capacity to perform the required preliminary
3 diagnostic evaluations, the ~~board of supervisors~~ regional
4 administrator for the county shall arrange for the evaluations
5 to be performed by an alternative diagnostic facility for
6 the period until the county is served by a community mental
7 health center with the capacity to provide that service. An
8 alternative diagnostic facility may be the outpatient service
9 of a state mental health institute or any other mental health
10 facility or service able to furnish the requisite professional
11 skills to properly perform a preliminary diagnostic evaluation
12 of a person whose admission to a state mental health institute
13 is being sought or considered on either a voluntary or an
14 involuntary basis.

15 Sec. 46. Section 225C.19, subsection 3, paragraphs a, b, and
16 c, Code 2014, are amended to read as follows:

17 a. Standards for accrediting or approving emergency mental
18 health crisis services providers. Such providers may include
19 but are not limited to a community mental health center, a
20 ~~provider approved in a waiver adopted by the commission to~~
21 ~~provide services to a county in lieu of a community mental~~
22 ~~health center,~~ a unit of the department or other state
23 agency, a county, a mental health and disability services
24 region, or any other public or private provider who meets the
25 accreditation or approval standards for an emergency mental
26 health crisis services provider.

27 b. Identification by the division of geographic regions,
28 groupings of mental health and disability services regions,
29 service areas, or other means of distributing and organizing
30 the emergency mental health crisis services system to ensure
31 statewide availability of the services.

32 c. Coordination of emergency mental health crisis services
33 with all of the following:

- 34 (1) The district and juvenile courts.
35 (2) Law enforcement.

1 (3) Judicial district departments of correctional services.

2 (4) ~~County central point of coordination processes~~ Mental
3 health and disability services regions.

4 (5) Other mental health, substance abuse, and co-occurring
5 mental illness and substance abuse services available through
6 the state and counties to serve both children and adults.

7 Sec. 47. Section 225C.20, Code 2014, is amended to read as
8 follows:

9 **225C.20 Responsibilities of counties for individual case**
10 **management services.**

11 Individual case management services funded under medical
12 assistance shall be provided by the department except when a
13 ~~county or a consortium of counties~~ regional administrator for a
14 county contracts with the department to provide the services.
15 ~~A county or consortium of counties~~ regional administrator
16 may contract for one or more counties of the region to be
17 the provider at any time and the department shall agree to
18 the contract so long as the contract meets the standards for
19 case management adopted by the department. ~~The county or~~
20 ~~consortium of counties~~ regional administrator may subcontract
21 for the provision of case management services so long as the
22 subcontract meets the same standards. ~~A county board of~~
23 ~~supervisors~~ regional administrator may change the provider
24 of individual case management services at any time. If the
25 current or proposed contract is with the department, the ~~county~~
26 ~~board of supervisors~~ regional administrator shall provide
27 written notification of a change at least ninety days before
28 the date the change will take effect.

29 Sec. 48. Section 225C.54, subsection 1, Code 2014, is
30 amended to read as follows:

31 1. The mental health services system for children and youth
32 shall be initially implemented by the division commencing with
33 the fiscal year beginning July 1, 2008. The division shall
34 begin implementation by utilizing a competitive bidding process
35 to allocate state block grants to develop services through

1 existing community mental health centers, ~~providers approved~~
2 ~~in a waiver adopted by the commission to provide services to a~~
3 ~~county in lieu of a community mental health center,~~ and other
4 local service partners. The implementation shall be limited to
5 the extent of the appropriations provided for the children's
6 system.

7 Sec. 49. Section 226.1, Code 2014, is amended by adding the
8 following new subsection:

9 NEW SUBSECTION. 4. For the purposes of this chapter unless
10 the context otherwise requires:

11 *a. "Administrator"* means the person assigned by the
12 director of human services to control the state mental health
13 institutes.

14 *b. "Department"* means the department of human services.

15 *c. "Mental health and disability services region"* means
16 a mental health and disability services region formed in
17 accordance with section 331.389.

18 *d. "Regional administrator"* means the regional administrator
19 of a mental health and disabilities services region, as defined
20 in section 331.388.

21 Sec. 50. Section 226.9C, subsection 2, paragraphs a and c,
22 Code 2014, are amended to read as follows:

23 *a.* A county may split the charges between the ~~county's~~
24 county mental health, ~~intellectual disability, and~~
25 ~~developmental and~~ disabilities services fund created pursuant
26 to section 331.424A and the county's budget for substance abuse
27 expenditures.

28 *c.* (1) Prior to an individual's admission for dual
29 diagnosis treatment, the individual shall have been
30 prescreened. The person performing the prescreening shall
31 be either the mental health professional, as defined in
32 section 228.1, who is contracting with the ~~county central~~
33 ~~point of coordination process~~ regional administrator for the
34 county's mental health and disability services region to
35 provide the prescreening or a mental health professional with

1 the requisite qualifications. A mental health professional
2 with the requisite qualifications shall meet all of the
3 following qualifications: is a mental health professional as
4 defined in section 228.1, is an alcohol and drug counselor
5 certified by the nongovernmental Iowa board of substance abuse
6 certification, and is employed by or providing services for a
7 facility, as defined in section 125.2.

8 (2) Prior to an individual's admission for dual diagnosis
9 treatment, the individual shall have been screened through a
10 county's ~~central point of coordination process implemented~~
11 ~~pursuant to section 331.440~~ regional administrator to determine
12 the appropriateness of the treatment.

13 Sec. 51. Section 226.32, Code 2014, is amended to read as
14 follows:

15 **226.32 Overcrowded conditions.**

16 The administrator shall order the discharge or removal
17 from the hospital of incurable and harmless patients whenever
18 it is necessary to make room for recent cases. If a patient
19 who is to be so discharged entered the hospital voluntarily,
20 the administrator shall notify the ~~auditor of regional~~
21 administrator for the county interested at least ten days in
22 advance of the day of actual discharge.

23 Sec. 52. Section 226.34, subsection 2, Code 2014, is amended
24 to read as follows:

25 2. If a patient in a mental health institute dies from any
26 cause, the superintendent of the institute shall within three
27 days of the date of death, send by certified mail a written
28 notice of death to all of the following:

29 a. The decedent's nearest relative.

30 b. The clerk of the district court of the county from which
31 the patient was committed.

32 c. The sheriff of the county from which the patient was
33 committed.

34 d. The regional administrator for the county from which the
35 patient was committed.

1 Sec. 53. Section 227.1, Code 2014, is amended to read as
2 follows:

3 **227.1 ~~Supervision~~ Definitions — supervision.**

4 1. For the purposes of this chapter, unless the context
5 otherwise requires:

6 a. "Administrator" means the person assigned by the director
7 of human services in the appropriate division of the department
8 to administer mental health and disability services.

9 b. "Department" means the department of human services.

10 c. "Mental health and disability services region" means
11 a mental health and disability services region formed in
12 accordance with section 331.389.

13 d. "Regional administrator" means the regional administrator
14 of a mental health and disabilities services region, as defined
15 in section 331.388.

16 2. All The regulatory requirements for county and private
17 institutions wherein where persons with mental illness or an
18 intellectual disability are kept admitted, committed, or placed
19 shall be under the supervision of the administrator.

20 Sec. 54. Section 227.2, subsection 1, unnumbered paragraph
21 1, Code 2014, is amended to read as follows:

22 The director of inspections and appeals shall make, or cause
23 to be made, at least one licensure inspection each year of
24 every county care facility. Either the administrator of the
25 division or the director of the department of inspections and
26 appeals, in cooperation with each other, upon receipt of a
27 complaint or for good cause, may make, or cause to be made,
28 a review of a county care facility or of any other private
29 or county institution where persons with mental illness or
30 an intellectual disability reside. A licensure inspection
31 or a review shall be made by a competent and disinterested
32 person who is acquainted with and interested in the care of
33 persons with mental illness and persons with an intellectual
34 disability. The objective of a licensure inspection or a
35 review shall be an evaluation of the programming and treatment

1 provided by the facility. After each licensure inspection of a
2 county care facility, the person who made the inspection shall
3 consult with the ~~county authorities~~ regional administrator
4 for the county in which the facility is located on plans and
5 practices that will improve the care given patients ~~and~~. The
6 person shall also make recommendations to the administrator of
7 the division and the director of public health for coordinating
8 and improving the relationships between the administrators of
9 county care facilities, the administrator of the division,
10 the director of public health, the superintendents of state
11 mental health institutes and resource centers, community
12 mental health centers, mental health and disability services
13 regions, and other cooperating agencies, to cause improved
14 and more satisfactory care of patients. A written report of
15 each licensure inspection of a county care facility under this
16 section shall be filed by the person with the administrator
17 of the division and the director of public health and shall
18 include:

19 Sec. 55. Section 227.2, subsection 1, paragraph f, Code
20 2014, is amended to read as follows:

21 *f.* The recommendations given to and received from ~~county~~
22 ~~authorities~~ the regional administrator on methods and practices
23 that will improve the conditions under which the county care
24 facility is operated.

25 Sec. 56. Section 227.2, subsection 2, Code 2014, is amended
26 to read as follows:

27 2. A copy of the written report prescribed by subsection
28 1 shall be furnished to the county board of supervisors,
29 to the ~~county mental health and intellectual disability~~
30 ~~coordinating board or to its advisory board if the county board~~
31 ~~of supervisors constitutes ex officio the coordinating board~~
32 regional administrator for the county, to the administrator
33 of the county care facility inspected and to its certified
34 volunteer long-term care ombudsman, and to the department on
35 aging.

1 Sec. 57. Section 227.4, Code 2014, is amended to read as
2 follows:

3 **227.4 Standards for care of persons with mental illness or an**
4 **intellectual disability in county care facilities.**

5 The administrator, in cooperation with the department of
6 inspections and appeals, shall recommend and the mental health
7 and disability services commission created in section 225C.5
8 shall adopt, or amend and adopt, standards for the care of and
9 services to persons with mental illness or an intellectual
10 disability residing in county care facilities. The standards
11 shall be enforced by the department of inspections and appeals
12 as a part of the licensure inspection conducted pursuant to
13 chapter 135C. The objective of the standards is to ensure
14 that persons with mental illness or an intellectual disability
15 who are residents of county care facilities are not only
16 adequately fed, clothed, and housed, but are also offered
17 reasonable opportunities for productive work and recreational
18 activities suited to their physical and mental abilities and
19 offering both a constructive outlet for their energies and, if
20 possible, therapeutic benefit. When recommending standards
21 under this section, the administrator shall designate an
22 advisory committee representing administrators of county care
23 facilities, ~~county mental health and developmental disabilities~~
24 ~~regional planning councils~~ regional administrators, mental
25 health and disabilities services region governing boards,
26 and county care facility certified volunteer long-term care
27 ombudsmen to assist in the establishment of standards.

28 Sec. 58. Section 227.10, Code 2014, is amended to read as
29 follows:

30 **227.10 Transfers from county or private institutions.**

31 Patients who have been admitted at public expense to
32 any institution to which this chapter is applicable may be
33 involuntarily transferred to the proper state hospital for
34 persons with mental illness in the manner prescribed by
35 sections 229.6 to 229.13. The application required by section

1 229.6 may be filed by the administrator of the division or
 2 the administrator's designee, or by the administrator of the
 3 institution where the patient is then being maintained or
 4 treated. If the patient was admitted to that institution
 5 involuntarily, the administrator of the division may arrange
 6 and complete the transfer, and shall report it as required of
 7 a chief medical officer under section 229.15, subsection 5.
 8 The transfer shall be made at county expense, and the expense
 9 recovered, as provided in section 227.7. However, transfer
 10 under this section of a patient whose expenses are payable in
 11 whole or in part by a county is subject to an authorization for
 12 the transfer through the ~~central point of coordination process~~
 13 regional administrator for the patient's county of residence.

14 Sec. 59. Section 227.11, Code 2014, is amended to read as
 15 follows:

16 **227.11 Transfers from state hospitals.**

17 A regional administrator for the county chargeable with
 18 the expense of a patient in a state hospital for persons with
 19 mental illness shall transfer the patient to a county or
 20 private institution for persons with mental illness that is in
 21 compliance with the applicable rules when the administrator
 22 of the division or the administrator's designee orders the
 23 transfer on a finding that the patient is suffering from
 24 chronic mental illness or from senility and will receive equal
 25 benefit by being so transferred. A county shall transfer to
 26 its county care facility any patient in a state hospital for
 27 persons with mental illness upon request of the superintendent
 28 of the state hospital in which the patient is confined
 29 pursuant to the superintendent's authority under section
 30 229.15, subsection 5, and approval by the ~~board of supervisors~~
 31 of regional administrator for the county of the patient's
 32 residence. In no case shall a patient be thus transferred
 33 except upon compliance with section 229.14A or without the
 34 written consent of a relative, friend, or guardian if such
 35 relative, friend, or guardian pays the expense of the care of

1 such patient in a state hospital. Patients transferred to a
2 public or private facility under this section may subsequently
3 be placed on convalescent or limited leave or transferred to
4 a different facility for continued full-time custody, care,
5 and treatment when, in the opinion of the attending physician
6 or the chief medical officer of the hospital from which the
7 patient was so transferred, the best interest of the patient
8 would be served by such leave or transfer. For any patient
9 who is involuntarily committed, any transfer made under this
10 section is subject to the placement hearing requirements of
11 section 229.14A.

12 Sec. 60. Section 227.12, Code 2014, is amended to read as
13 follows:

14 **227.12 Difference of opinion.**

15 When a difference of opinion exists between the
16 administrator of the division and the authorities in charge
17 of any private or county hospital in regard to the ~~removal~~
18 transfer of a patient ~~or patients~~ as herein provided in
19 sections 227.10 and 227.11, the matter shall be submitted to
20 the district court of the county in which such hospital is
21 situated and shall be summarily tried as an equitable action,
22 and the judgment of the district court shall be final.

23 Sec. 61. Section 227.14, Code 2014, is amended to read as
24 follows:

25 **227.14 Caring for persons with mental illness from other**
26 **counties.**

27 ~~Boards of supervisors of counties having no~~ The regional
28 administrator for a county that does not have proper facilities
29 for caring for persons with mental illness may, with the
30 consent of the administrator of the division, provide for such
31 care at the expense of the county in any convenient and proper
32 county or private institution for persons with mental illness
33 which is willing to receive ~~them~~ the persons.

34 Sec. 62. Section 229.1, subsection 3, Code 2014, is amended
35 by striking the subsection.

1 Sec. 63. Section 229.1, Code 2014, is amended by adding the
2 following new subsections:

3 NEW SUBSECTION. 8A. "*Mental health and disability services*
4 *region*" means a mental health and disability services region
5 formed in accordance with section 331.389.

6 NEW SUBSECTION. 14A. "*Regional administrator*" means the
7 regional administrator of a mental health and disabilities
8 services region, as defined in section 331.388.

9 Sec. 64. Section 229.1B, Code 2014, is amended to read as
10 follows:

11 ~~229.1B Central point of coordination process~~ Regional
12 administrator.

13 Notwithstanding any provision of this chapter to the
14 contrary, any person whose hospitalization expenses are
15 payable in whole or in part by a county shall be subject
16 to all administrative requirements of the ~~central point of~~
17 ~~coordination process~~ regional administrator for the county.

18 Sec. 65. Section 229.2, subsection 1, paragraph b,
19 subparagraph (3), Code 2014, is amended to read as follows:

20 (3) As soon as is practicable after the filing of a
21 petition for juvenile court approval of the admission of the
22 minor, the juvenile court shall determine whether the minor
23 has an attorney to represent the minor in the hospitalization
24 proceeding, and if not, the court shall assign to the minor
25 an attorney. If the minor is financially unable to pay for
26 an attorney, the attorney shall be compensated by the county
27 at an hourly rate to be established by the ~~county board of~~
28 ~~supervisors~~ regional administrator for the county in which the
29 proceeding is held in substantially the same manner as provided
30 in section 815.7.

31 Sec. 66. Section 229.8, subsection 1, Code 2014, is amended
32 to read as follows:

33 1. Determine whether the respondent has an attorney
34 who is able and willing to represent the respondent in the
35 hospitalization proceeding, and if not, whether the respondent

1 is financially able to employ an attorney and capable of
2 meaningfully assisting in selecting one. In accordance with
3 those determinations, the court shall if necessary allow the
4 respondent to select, or shall assign to the respondent, an
5 attorney. If the respondent is financially unable to pay an
6 attorney, the attorney shall be compensated by the county
7 at an hourly rate to be established by the ~~county board of~~
8 ~~supervisors~~ regional administrator for the county in which the
9 proceeding is held in substantially the same manner as provided
10 in section 815.7.

11 Sec. 67. Section 229.10, subsection 1, paragraph a, Code
12 2014, is amended to read as follows:

13 a. An examination of the respondent shall be conducted by
14 one or more licensed physicians, as required by the court's
15 order, within a reasonable time. If the respondent is detained
16 pursuant to section 229.11, subsection 1, paragraph "b",
17 the examination shall be conducted within twenty-four hours.
18 If the respondent is detained pursuant to section 229.11,
19 subsection 1, paragraph "a" or "c", the examination shall
20 be conducted within forty-eight hours. If the respondent
21 so desires, the respondent shall be entitled to a separate
22 examination by a licensed physician of the respondent's own
23 choice. The reasonable cost of the examinations shall, if the
24 respondent lacks sufficient funds to pay the cost, be paid by
25 the regional administrator from county funds upon order of the
26 court.

27 Sec. 68. Section 229.11, subsection 1, unnumbered paragraph
28 1, Code 2014, is amended to read as follows:

29 If the applicant requests that the respondent be taken into
30 immediate custody and the judge, upon reviewing the application
31 and accompanying documentation, finds probable cause to believe
32 that the respondent has a serious mental impairment and is
33 likely to injure the respondent or other persons if allowed
34 to remain at liberty, the judge may enter a written order
35 directing that the respondent be taken into immediate custody

1 by the sheriff or the sheriff's deputy and be detained until
2 the hospitalization hearing. The hospitalization hearing shall
3 be held no more than five days after the date of the order,
4 except that if the fifth day after the date of the order is a
5 Saturday, Sunday, or a holiday, the hearing may be held on the
6 next succeeding business day. If the expenses of a respondent
7 are payable in whole or in part by a county, for a placement
8 in accordance with paragraph "a", the judge shall give notice
9 of the placement to the ~~central point of coordination process~~
10 regional administrator for the county in which the court is
11 located, and for a placement in accordance with paragraph "b"
12 or "c", the judge shall order the placement in a hospital or
13 facility designated through the ~~central point of coordination~~
14 ~~process~~ regional administrator. The judge may order the
15 respondent detained for the period of time until the hearing
16 is held, and no longer, in accordance with paragraph "a", if
17 possible, and if not then in accordance with paragraph "b",
18 or, only if neither of these alternatives is available, in
19 accordance with paragraph "c". Detention may be:

20 Sec. 69. Section 229.13, subsection 1, paragraph a, Code
21 2014, is amended to read as follows:

22 a. The court shall order a respondent whose expenses are
23 payable in whole or in part by a county placed under the care
24 of an appropriate hospital or facility designated through
25 the ~~central point of coordination process~~ county's regional
26 administrator on an inpatient or outpatient basis.

27 Sec. 70. Section 229.14, subsection 2, paragraph a, Code
28 2014, is amended to read as follows:

29 a. For a respondent whose expenses are payable in whole
30 or in part by a county, placement as designated through
31 the ~~central point of coordination process~~ county's regional
32 administrator in the care of an appropriate hospital or
33 facility on an inpatient or outpatient basis, or other
34 appropriate treatment, or in an appropriate alternative
35 placement.

1 Sec. 71. Section 229.14A, subsections 7 and 9, Code 2014,
2 are amended to read as follows:

3 7. If a respondent's expenses are payable in whole or in
4 part by a county through the ~~central point of coordination~~
5 ~~process~~ county's regional administrator, notice of a placement
6 hearing shall be provided to the county attorney and the
7 ~~county's central point of coordination process~~ regional
8 administrator. At the hearing, the county may present evidence
9 regarding appropriate placement.

10 9. A placement made pursuant to an order entered under
11 section 229.13 or 229.14 or this section shall be considered to
12 be authorized through the ~~central point of coordination process~~
13 county's regional administrator.

14 Sec. 72. Section 229.19, subsection 1, paragraphs a and b,
15 Code 2014, are amended to read as follows:

16 a. In each county with a population of three hundred
17 thousand or more inhabitants the ~~board of supervisors~~ county's
18 regional administrator shall appoint an individual who has
19 demonstrated by prior activities an informed concern for the
20 welfare and rehabilitation of persons with mental illness,
21 and who is not an officer or employee of the department of
22 human services nor of any agency or facility providing care
23 or treatment to persons with mental illness, to act as an
24 advocate representing the interests of patients involuntarily
25 hospitalized by the court, in any matter relating to the
26 patients' hospitalization or treatment under section 229.14
27 or 229.15. In each county with a population of under three
28 hundred thousand inhabitants, the chief judge of the judicial
29 district encompassing the county shall appoint the advocate.

30 b. The court or, if the advocate is appointed by the
31 ~~county board of supervisors~~ regional administrator, the ~~board~~
32 regional administrator shall assign the advocate appointed from
33 a patient's county of residence to represent the interests
34 of the patient. If a patient has no county of residence or
35 the patient is a state case, the court or, if the advocate

1 is appointed by the ~~county board of supervisors~~ regional
2 administrator, the ~~board~~ regional administrator shall assign
3 the advocate appointed ~~from~~ for the county where the hospital
4 or facility is located to represent the interests of the
5 patient.

6 Sec. 73. Section 229.19, subsection 3, Code 2014, is amended
7 to read as follows:

8 3. The court or, if the advocate is appointed by the ~~county~~
9 ~~board of supervisors~~ regional administrator, the ~~board~~ regional
10 administrator shall prescribe reasonable compensation for the
11 services of the advocate. The compensation shall be based
12 upon the reports filed by the advocate with the court. The
13 advocate's compensation shall be paid by the county in which
14 the court is located, either on order of the court or, if
15 the advocate is appointed by the ~~county board of supervisors~~
16 regional administrator, on the direction of the ~~board~~ regional
17 administrator. If the advocate is appointed by the court, the
18 advocate is an employee of the state for purposes of chapter
19 669. If the advocate is appointed by the ~~county board of~~
20 ~~supervisors~~ regional administrator, the advocate is an employee
21 of the county for purposes of chapter 670. If the patient or
22 the person who is legally liable for the patient's support is
23 not indigent, the ~~board~~ regional administrator shall recover
24 the costs of compensating the advocate from that person. If
25 that person has an income level as determined pursuant to
26 section 815.9 greater than one hundred percent but not more
27 than one hundred fifty percent of the poverty guidelines, at
28 least one hundred dollars of the advocate's compensation shall
29 be recovered in the manner prescribed by the ~~county board of~~
30 ~~supervisors~~ regional administrator. If that person has an
31 income level as determined pursuant to section 815.9 greater
32 than one hundred fifty percent of the poverty guidelines, at
33 least two hundred dollars of the advocate's compensation shall
34 be recovered in substantially the same manner ~~prescribed by the~~
35 ~~county board of supervisors~~ as provided in section 815.9.

1 Sec. 74. Section 229.24, subsection 3, unnumbered paragraph
2 1, Code 2014, is amended to read as follows:

3 If all or part of the costs associated with hospitalization
4 of an individual under this chapter are chargeable to a county
5 of residence, the clerk of the district court shall provide
6 to the regional administrator for the county of residence and
7 to the regional administrator for the county in which the
8 hospitalization order is entered the following information
9 pertaining to the individual which would be confidential under
10 subsection 1:

11 Sec. 75. Section 229.42, subsection 1, Code 2014, is amended
12 to read as follows:

13 1. If a person wishing to make application for voluntary
14 admission to a mental hospital established by chapter 226 is
15 unable to pay the costs of hospitalization or those responsible
16 for the person are unable to pay the costs, application for
17 authorization of voluntary admission must be made through a
18 ~~central point of coordination process~~ regional administrator
19 before application for admission is made to the hospital. The
20 person's county of residence shall be determined through the
21 ~~central point of coordination process~~ regional administrator
22 and if the admission is approved through the ~~central point~~
23 ~~of coordination process~~ regional administrator, the person's
24 admission to a mental health hospital shall be authorized as
25 a voluntary case. The authorization shall be issued on forms
26 provided by the department of human services' administrator.
27 The costs of the hospitalization shall be paid by the
28 county of residence to the department of human services and
29 credited to the general fund of the state, provided that the
30 mental health hospital rendering the services has certified
31 to the county auditor of the county of residence and the
32 regional administrator the amount chargeable to the county
33 and has sent a duplicate statement of the charges to the
34 department of human services. A county shall not be billed
35 for the cost of a patient unless the patient's admission is

1 authorized through the ~~central point of coordination process~~
2 regional administrator. The mental health institute and the
3 ~~county~~ regional administrator shall work together to locate
4 appropriate alternative placements and services, and to
5 educate patients and family members of patients regarding such
6 alternatives.

7 Sec. 76. Section 230.1, subsection 3, Code 2014, is amended
8 to read as follows:

9 3. A county of residence is not liable for costs and
10 expenses associated with a person with mental illness unless
11 the costs and expenses are for services and other support
12 authorized for the person through the ~~central point of~~
13 ~~coordination process~~ county's regional administrator. For
14 the purposes of this chapter, "~~central point of coordination~~
15 ~~process~~" "regional administrator" means the same as defined in
16 section ~~331.440~~ 331.388.

17 Sec. 77. Section 230.3, Code 2014, is amended to read as
18 follows:

19 **230.3 Certification of residence.**

20 If a person's county of residence is determined by the
21 county's ~~central point of coordination process~~ regional
22 administrator to be in another county of this state, the ~~county~~
23 regional administrator making the determination shall certify
24 the determination to the superintendent of the hospital to
25 which the person is admitted or committed. The certification
26 shall be accompanied by a copy of the evidence supporting
27 the determination. Upon receiving the certification, the
28 superintendent shall charge the expenses already incurred and
29 unadjusted, and all future expenses of the person, to the
30 county determined to be the county of residence.

31 Sec. 78. Section 230.20, subsection 2, paragraph b, Code
32 2014, is amended to read as follows:

33 b. The per diem costs billed to each county shall not exceed
34 the per diem costs billed to the county in the fiscal year
35 beginning July 1, 1996. However, the per diem costs billed to

1 a county may be adjusted annually to reflect increased costs,
2 to the extent of the percentage increase in the ~~total of county~~
3 ~~fixed budgets pursuant to the allowed growth factor adjustment~~
4 statewide per capita expenditure target amount, if any per
5 capita growth amount is authorized by the general assembly for
6 the fiscal year in accordance with section ~~331.439~~ 426B.3.

7 Sec. 79. Section 232.2, subsection 4, paragraph f,
8 subparagraph (3), Code 2014, is amended to read as follows:

9 (3) The transition plan shall be developed and reviewed
10 by the department in collaboration with a child-centered
11 transition team. The transition team shall be comprised of
12 the child's caseworker and persons selected by the child,
13 persons who have knowledge of services available to the child,
14 and any person who may reasonably be expected to be a service
15 provider for the child when the child becomes an adult or to
16 become responsible for the costs of services at that time.
17 If the child is reasonably likely to need or be eligible for
18 adult services, the transition team membership shall include
19 representatives from the adult services system. The adult
20 services system representatives may include but are not limited
21 to the administrator of county general relief under chapter
22 251 or 252 or of the ~~central point of coordination process~~
23 ~~implemented under section 331.440~~ regional administrator of
24 the county mental health and disabilities services region, as
25 defined in section 331.388. The membership of the transition
26 team and the meeting dates for the team shall be documented in
27 the transition plan.

28 Sec. 80. Section 235.7, subsection 2, Code 2014, is amended
29 to read as follows:

30 2. *Membership.* The department may authorize the governance
31 boards of decategorization of child welfare and juvenile
32 justice funding projects established under section 232.188 to
33 appoint the transition committee membership and may utilize
34 the boundaries of decategorization projects to establish
35 the service areas for transition committees. The committee

1 membership may include but is not limited to department of
2 human services staff involved with foster care, child welfare,
3 and adult services, juvenile court services staff, staff
4 involved with county general relief under chapter 251 or 252,
5 ~~or of the central point of coordination process implemented~~
6 ~~under section 331.440~~ a regional administrator of the county
7 mental health and disabilities services region, as defined
8 in section 331.388, in the area, school district and area
9 education agency staff involved with special education, and a
10 child's court appointed special advocate, guardian ad litem,
11 service providers, and other persons knowledgeable about the
12 child.

13 Sec. 81. Section 235A.15, subsection 2, paragraph c,
14 subparagraph (9), Code 2014, is amended to read as follows:

15 (9) To the administrator of an agency providing mental
16 health, intellectual disability, or developmental disability
17 services under a ~~county management plan developed pursuant~~
18 ~~to section 331.439~~ regional service system management plan
19 implemented in accordance with section 331.393, if the data
20 concerns a person employed by or being considered by the agency
21 for employment.

22 Sec. 82. Section 235B.6, subsection 2, paragraph c,
23 subparagraph (6), Code 2014, is amended to read as follows:

24 (6) To the administrator of an agency providing mental
25 health, intellectual disability, or developmental disability
26 services under a ~~county management plan developed pursuant~~
27 ~~to section 331.439~~ regional service system management plan
28 implemented in accordance with section 331.393, if the
29 information concerns a person employed by or being considered
30 by the agency for employment.

31 Sec. 83. Section 426B.2, subsection 2, Code 2014, is amended
32 to read as follows:

33 2. As used in this chapter, ~~and in sections 331.438 and~~
34 ~~331.439~~ section 331.424A, for purposes of population-based
35 funding calculations, "population" means the population shown

1 by the latest preceding certified federal census or the
2 latest applicable population estimate issued by the federal
3 government, available as of July 1 of the fiscal year preceding
4 the fiscal year to which the funding calculations apply.

5 Sec. 84. Section 426B.5, subsection 1, Code 2014, is amended
6 by striking the subsection.

7 Sec. 85. Section 426B.5, subsections 2 and 3, Code 2014, are
8 amended to read as follows:

9 2. *Risk pool.*

10 a. For the purposes of this ~~subsection~~ section, unless the
11 context otherwise requires, :

12 (1) "Mental health and disability services region" means
13 a mental health and disability services region formed in
14 accordance with section 331.389.

15 (2) "Regional administrator" means the regional
16 administrator of a mental health and disabilities services
17 region, as defined in section 331.388.

18 (3) ~~"services~~ "Services fund" means a county's mental
19 ~~health, intellectual disability, and developmental disabilities~~
20 ~~services fund created in~~ pursuant to section 331.424A.

21 b. A risk pool is created in the property tax relief fund.
22 The pool shall consist of the moneys credited to the pool by
23 law.

24 c. A risk pool board is created. The board shall consist
25 of two county supervisors, two county auditors, a member of
26 the mental health and disability services commission who is
27 not a member of a county board of supervisors, a member of
28 the county finance committee created in chapter 333A who is
29 not an elected official, a representative of a provider of
30 mental health or developmental disabilities services selected
31 from nominees submitted by the Iowa association of community
32 providers, and two ~~central point of coordination process~~ staff
33 members of regional administrators of county mental health and
34 disabilities services regions, all appointed by the governor,
35 and one member appointed by the director of human services.

1 All members appointed by the governor shall be subject to
2 confirmation by the senate. Members shall serve for three-year
3 terms. A vacancy shall be filled in the same manner as the
4 original appointment. Expenses and other costs of the risk
5 pool board members representing counties shall be paid by the
6 county of origin. Expenses and other costs of risk pool board
7 members who do not represent counties shall be paid from a
8 source determined by the governor. Staff assistance to the
9 board shall be provided by the department of human services and
10 counties. Actuarial expenses and other direct administrative
11 costs shall be charged to the pool.

12 d. A ~~county~~ regional administrator must apply to the risk
13 pool board for assistance from the risk pool on or before
14 October 31. The purpose of the assistance shall be to provide
15 financial support for services provided by one or more of the
16 counties comprising the regional administrator's mental health
17 and disability services region. The risk pool board shall
18 make its final decisions on or before December 15 regarding
19 acceptance or rejection of the applications for assistance and
20 the total amount accepted shall be considered obligated.

21 e. Basic eligibility for risk pool assistance requires that
22 a county meet all of the following conditions:

23 (1) The county is in compliance with the regional service
24 system management plan requirements of section ~~331.439~~ 331.393.

25 (2) The county levied the maximum amount allowed for the
26 county's services fund under section 331.424A for the fiscal
27 year of application for risk pool assistance.

28 (3) In the fiscal year that commenced two years prior to
29 the fiscal year of application, the county's services fund
30 ending balance under generally accepted accounting principles
31 was equal to or less than twenty percent of the county's actual
32 gross expenditures for that fiscal year.

33 f. The board shall review the fiscal year-end financial
34 records for all counties that are granted risk pool assistance.
35 If the board determines a county's actual need for risk pool

1 assistance was less than the amount of risk pool assistance
2 granted to the county, the county shall refund the difference
3 between the amount of assistance granted and the actual need.
4 The county shall submit the refund within thirty days of
5 receiving notice from the board. Refunds shall be credited
6 to the risk pool. The mental health and disability services
7 commission shall adopt rules pursuant to chapter 17A providing
8 criteria for the purposes of this lettered paragraph and as
9 necessary to implement the other provisions of this subsection.

10 *g.* The board shall determine application requirements to
11 ensure prudent use of risk pool assistance. The board may
12 accept or reject an application for assistance in whole or in
13 part. The decision of the board is final.

14 *h.* The total amount of risk pool assistance shall be limited
15 to the amount available in the risk pool for a fiscal year. Any
16 unobligated balance in the risk pool at the close of a fiscal
17 year shall remain in the risk pool for distribution in the
18 succeeding fiscal year.

19 *i.* Risk pool assistance shall only be made available to
20 address one or more of the following circumstances:

21 (1) Continuing support for mandated services.

22 (2) Avoiding the need for reduction or elimination of
23 critical services when the reduction or elimination places
24 consumers' health or safety at risk.

25 (3) Avoiding the need for reduction or elimination of a
26 mobile crisis team or other critical emergency services when
27 the reduction or elimination places the public's health or
28 safety at risk.

29 (4) Avoiding the need for reduction or elimination of
30 the services or other support provided to entire disability
31 populations.

32 (5) Avoiding the need for reduction or elimination of
33 services or other support that maintain consumers in a
34 community setting, creating a risk that the consumers would be
35 placed in more restrictive, higher cost settings.

1 *j.* Subject to the amount available and obligated from the
2 risk pool for a fiscal year, the department of human services
3 shall annually calculate the amount of moneys due to eligible
4 counties in accordance with the board's decisions and that
5 amount is appropriated from the risk pool to the department
6 for payment of the moneys due. The department shall authorize
7 the issuance of warrants payable to the county treasurer for
8 the amounts due and the warrants shall be issued on or before
9 January 1.

10 *k.* On or before March 1 and September 1 of each fiscal year,
11 the department of human services shall provide the risk pool
12 board with a report of the financial condition of each funding
13 source administered by the board. The report shall include
14 but is not limited to an itemization of the funding source's
15 balances, types and amount of revenues credited, and payees
16 and payment amounts for the expenditures made from the funding
17 source during the reporting period.

18 1. If the board has made its decisions but has determined
19 that there are otherwise qualifying requests for risk pool
20 assistance that are beyond the amount available in the risk
21 pool fund for a fiscal year, the board shall compile a list of
22 such requests and the supporting information for the requests.
23 The list and information shall be submitted to the mental
24 health and disability services commission, the department of
25 human services, and the general assembly.

26 3. *Incentive pool.*

27 *a.* An incentive pool is created in the property tax relief
28 fund. The incentive pool shall consist of the moneys credited
29 to the incentive pool by law.

30 *b.* Moneys available in the incentive pool for a fiscal
31 year shall be distributed to those ~~counties~~ mental health and
32 disability services regions that either meet or show progress
33 toward meeting the purposes and intent described in section
34 ~~331.439, subsection 1, paragraph "c"~~ 225C.1. The moneys
35 received by a county region from the incentive pool shall be

1 used to build community capacity to support individuals covered
2 by the ~~county's~~ region's regional service system management
3 plan approved under section ~~331.439~~ 331.393, in meeting such
4 purposes.

5 Sec. 86. REPEAL. Sections 225C.7, 225C.18, and 226.47, Code
6 2014, are repealed.

7 EXPLANATION

8 The inclusion of this explanation does not constitute agreement with
9 the explanation's substance by the members of the general assembly.

10 This bill relates to the redesign of mental health and
11 disabilities services (MH/DS) administered by regions comprised
12 of counties. Under the redesign provisions initially enacted
13 in 2012, each organization of counties as a region is governed
14 by a Code chapter 28E agreement and the region is to have
15 an administrative office, organization, or entity formed by
16 agreement of the counties participating in the region to
17 function on behalf of those counties, known as the regional
18 administrator and defined in Code section 331.388. The
19 redesign legislation maintained the financial responsibility
20 for MH/DS with each county but provided for the regional
21 administrator and the regional governance board to assume the
22 administrative functions on behalf of the county. The bill
23 makes conforming Code amendments relating to the redesign
24 legislation.

25 In general, references throughout the Code to the central
26 point of coordination (CPC) process (codified in Code section
27 331.440, which was repealed effective July 1, 2013, by 2011
28 Iowa Acts, ch. 123) are changed to instead refer to regional
29 administrators; references to the county mental health,
30 intellectual disability, and developmental disabilities
31 services fund are changed to mental health and disabilities
32 services fund (codified in Code section 331.424A, amended
33 by 2012 Iowa Acts, ch. 1120 §132); and references to county
34 service management plans (codified in Code section 331.439,
35 repealed effective July 1, 2013, by 2011 Iowa Acts, ch.

1 123) are changed to instead refer to regional service system
2 management plans approved in accordance with Code section
3 331.393. References throughout the Code to responsibilities
4 for a county to provide or have administrative responsibility
5 for services or other responsibilities in connection with a
6 person in need of mental health or disability services are
7 changed to instead refer to the regional administrator. Prior
8 to the redesign, MH/DS services in each county were delineated
9 in a service management plan adopted by that county, subject
10 to approval by the department of human services (DHS). These
11 individual county plans are to be replaced by a regional
12 service management plan effective beginning on July 1, 2014.
13 County MH/DS levy authority and spending authority remains
14 in Code section 331.424A. However, the name of the fund
15 was changed in the redesign legislation but references to
16 the old fund in other Code sections are corrected in the
17 bill. In addition, related Code changes are reflected in this
18 explanation.

19 References to waivers for providers of mental health
20 services approved under Code section 225C.7 to operate in lieu
21 of a community mental health center are stricken because the
22 Code section is repealed by the bill. Code chapter 230A,
23 relating to community mental health centers, was substantially
24 rewritten by 2011 Iowa Acts, ch. 121, and the revisions took
25 effect July 1, 2012. In the rewrite, Code section 230A.107,
26 codified the waiver authorization for a for-profit corporation,
27 nonprofit corporation, or county hospital providing mental
28 health services to county residents pursuant to a waiver
29 approved under section 225C.7, subsection 3, Code 2011, as
30 of October 1, 2010, to be designated as a community mental
31 health center under Code chapter 230A. The reference change is
32 applied by the bill in the following Code sections: 135.180,
33 relating to mental health professional shortage area program;
34 225C.19, relating to emergency mental health crisis services
35 system; and 225C.54, relating to the mental health services

1 system for children and youth.

2 References to the central point of coordination process are
3 changed to instead refer to the regional administrator in the
4 following Code sections: 222.2, providing definitions for Code
5 chapter 222, relating to the state resource centers; 222.13 and
6 222.13A, relating to voluntary admissions of persons to a state
7 resource center; 222.28, relating to court appointment of a
8 commission to examine a person alleged to have an intellectual
9 disability; 222.59, relating to coordination between a state
10 resource center and county in identifying community-based
11 services for an individual; 222.60, relating to payment
12 of costs by county or state and diagnosis and evaluation
13 requirements; 222.61, relating to determination of a person's
14 residency status; 222.62, relating to the procedure when a
15 person's residency is determined to be another county; 222.63,
16 providing a procedure for a county to object to a residency
17 determination; 222.64, providing a procedure for when a
18 person's residency is determined to be outside of this state or
19 is unknown; 222.73, relating to billing of charges to counties
20 for the state resource centers; 225.11, providing a procedure
21 for commitment of a person to the state psychiatric hospital
22 at the university of Iowa; 225.12, relating to the physician's
23 report for a voluntary patient at the state psychiatric
24 hospital; 225.15, relating to examination and treatment at the
25 state psychiatric hospital; 225.17, relating to examination
26 and treatment of private patients at the state psychiatric
27 hospital when costs are paid by a county; section 225C.2,
28 providing definitions for Code chapter 225C; 225C.5, relating
29 to membership of the mental health and disability services
30 commission; section 225C.6, relating to the duties of the MH/DS
31 commission; 225C.14, relating to requirements for a preliminary
32 diagnostic evaluation before a person is admitted to a state
33 mental health institute (MHI); 225C.16, requiring referrals for
34 a preliminary diagnostic or prehearing evaluation for persons
35 desiring voluntary admission to a state MHI; 225C.19, providing

1 requirements for implementation of an emergency mental health
2 crisis services system; 226.9C, relating to the dual diagnosis
3 program at the state mental health institute at Mount Pleasant;
4 227.10, relating to transfers of patients from county or
5 private facilities for mental health treatment to a state
6 institution; 229.1, providing definitions for the involuntary
7 commitment Code chapter; 229.1B, providing that the CPC process
8 applies to persons who are involuntarily committed; 229.11,
9 relating to immediate custody of a person who is involuntarily
10 committed; 229.13, relating to evaluation orders for persons
11 who are involuntarily committed; 229.14, relating to chief
12 medical officer reports; 229.14A, relating to placement orders;
13 229.42, relating to county payment for a person voluntarily
14 admitted to an MHI; 232.2, relating to the membership of a
15 transition team for a child adjudicated as a child in need of
16 assistance; 235.7, relating to transition committees to address
17 transition needs of children receiving child welfare services
18 who are age 16 or older; and 426B.5, relating to the membership
19 of the risk pool board.

20 References to county board of supervisors or to a county
21 responsibility are changed to instead refer to the regional
22 administrator or MH/DS region, or to add such a reference in
23 the following Code sections: 222.6, relating to the catchment
24 areas for the two state resource centers; 222.12, relating to
25 investigations of deaths at a state resource center; 222.13,
26 relating to referrals for voluntary admissions of adults to
27 a state resource center; 222.13A, relating to referrals for
28 voluntary admissions of minors to a state resource center;
29 222.14, relating to care provided pending admission of a person
30 to a state resource center; 222.22, relating to compensation
31 of attorneys for commitments of persons with an intellectual
32 disability; 222.31, relating to court commitments of persons
33 with an intellectual disability and liability for charges;
34 222.74, relating to approval of state resource center charges;
35 222.92, relating to the use of net budgeting by the state

1 resource centers; 225.1, providing definitions for the
2 state psychiatric hospital Code chapter; 225.10, relating
3 to voluntary patients at the state psychiatric hospital;
4 225.12, relating to reports concerning voluntary public
5 patients at the state psychiatric hospital; 225.13, relating
6 to investigations of the financial condition of persons being
7 admitted to the state psychiatric hospital; 225.16, relating to
8 admission of voluntary public patients to the state psychiatric
9 hospital; 225.18, relating to appointment of attendants to
10 accompany committed persons to or from the hospital; 225.19,
11 relating to compensation of attendants; 225.21, relating to
12 claims for compensation of attendants; 225.24, relating to
13 county collection of the costs of care provided at the state
14 psychiatric hospital; 225.27, requiring notice of the discharge
15 or transfer of a patient from the state psychiatric hospital;
16 225C.13, authorizing DHS to lease portions of MHIs to certain
17 public and private organizations; 225C.14, 225C.15, 225C.16,
18 and 225C.17, relating to preliminary diagnostic evaluations
19 of persons with respect to admission to an MHI, county policy
20 regarding the evaluations, referral of voluntary patients
21 for the evaluations, and the use of alternative diagnostic
22 facilities for the evaluations; 225C.20, relating to provision
23 of individual case management services under the medical
24 assistance (Medicaid) program by counties; 226.32, requiring
25 notice to a county when a voluntary patient is discharged to
26 relieve overcrowding; 226.34, requiring notice when a patient
27 at an MHI dies; 227.1, relating to supervision of county and
28 private institutions for persons with mental illness or an
29 intellectual disability (often referred to as "county care
30 facilities") is amended to provide definitions for the Code
31 chapter including DHS and the MH/DS regions; 227.2, relating
32 to state inspection of county facilities; 227.4, relating
33 to standards adoption pertaining to county care facilities;
34 227.11, relating to transfers of patients from state hospitals;
35 227.12, relating to civil trials when there is a disagreement

1 between DHS and the authorities in charge of a county care
2 facility as to transfer of patients; 227.14, relating to care
3 provided at a county care facility to patients from another
4 county; 229.2 and 229.8, relating to compensation of attorneys
5 for minors applying for voluntary admission to an MHI and
6 respondents in involuntary commitment proceedings; 229.10,
7 relating to the payment of examinations with county funds;
8 229.19, relating to mental health advocates; 229.24, relating
9 to confidential records in involuntary commitment proceedings;
10 and 426B.5, relating to the risk pool and the incentive pool
11 within the property tax relief fund.

12 References to county management plans developed pursuant to
13 repealed Code section 331.439 are changed to regional services
14 system management plans implemented in accordance with Code
15 section 331.393 in the following Code sections: 222.60,
16 relating to payment of costs at a state resource center by
17 county or state and diagnosis and evaluation requirements;
18 222.73, relating to billing of per diem costs at a state
19 resource center; 235A.15 and 235B.6, relating to access to
20 child and dependent adult abuse registry record checks for
21 employment by an agency providing services under a plan;
22 and 426B.5, relating to the risk and incentive pools of the
23 property tax relief fund.

24 References to the county mental health, intellectual
25 disability, and developmental disabilities services fund are
26 changed to mental health and disabilities services fund in
27 the following Code sections: 225C.12, relating to partial
28 reimbursement to counties for local inpatient mental health
29 care and treatment; 226.9C, relating to splitting of costs
30 for charges at the dual diagnosis program at the state mental
31 health institute at Mount Pleasant; and 426B.5, relating to the
32 risk and incentive pools of the property tax relief fund.

33 Current law in Code sections 222.73 and 230.20, limits an
34 increase in the per diem changed to a county for services
35 provided at a state resource center or a state mental health

1 institute to the percentage increase in the allowed growth
2 factor adjustment, a funding formula provision repealed by the
3 redesign. The bill instead references the per capita growth
4 amount, which replaced the repealed allowed growth factor in
5 the redesign legislation.

6 The following Code sections are repealed: 225C.7, relating
7 to the MH/DS community services fund which distributed moneys
8 to counties until the state assumed responsibility for Medicaid
9 costs from counties in 2012; 225C.18, relating to mental health
10 and developmental disabilities regional planning councils
11 which were replaced by regional governing boards and advisory
12 committees in the redesign legislation; and 226.47, a single
13 definition section which is replaced in the bill by amending
14 Code section 226.1 to provide a multiple definition section.